Karlson Joins SGIM as Executive Director

Dr. David Karlson has been selected as the Executive Director of SGIM following an extensive search involving approximately 300 applicants.

Dr. Karlson’s recent positions include Vice President for Business Development of the Satellite Broadcasting and Communications Association (1995–96), where he introduced business planning and strategies for membership development; Chief Operating Officer and Executive Vice President of the American Rehabilitation Association (1992–94), where he led strategic and business planning initiatives; and Director of Karlson Marketing Communications (1986–91), a management consulting firm which he founded. Dr. Karlson was also Dean of Continuing Education (1977–85) at the University of Maryland, where he developed numerous award-winning programs in academic and student services.

“David comes to us with a unique combination of professional experience as an academic dean, association consultant, and executive vice president of a health care association. We have selected an outstanding individual with skills well suited for the Society’s needs and the ability to lead SGIM into the next century,” said SGIM President Nicole Lurie.

A native of Pittsburgh, Pennsylvania, Dr. Karlson earned his doctorate from American University in 1977. In addition to his doctorate in management, Dr. Karlson holds a master’s degree in counseling psychology from West Virginia University. He is a native of Pittsburgh, Pennsylvania, Dr. Karlson earned his doctorate from American University in 1977. In addition to his doctorate in management, Dr. Karlson holds a master’s degree in counseling psychology from West Virginia University. He is an under graduate degree is a Bachelor of Science in economics which was conferred by Westminster College of Pennsylvania. He officially began his duties as SGIM Executive Director on June 2, 1997.

Joys of the 1997 Meeting

Elnora M. Rhodes

Some of the joys of the 1997 meeting: lots of energy, lots of laughter, lots of former presidents, lots of hugs, and lots of people—almost 1500, the largest meeting ever! This all came together to make for an outstanding annual meeting. For me, the greatest joy was the establishment of the Elnora M. Rhodes Service Award. My sincerest thanks to everyone who contributed and made this possible. Surprised, yes; overjoyed, yes; overwhelmed, yes! We have such a large army of volunteers, I hope you will send in your nominations.

SGIM is proud of its products. A majority of our former presidents and council members were present at our 20th reunion. There were several chairs of departments of medicine; the President of the Robert Wood Johnson Foundation; the Administrator of the AH CPR; a chancellor of a major medical school; editors of major scientific journals; too many Professors of Medicine to count—all renowned. Power was palpable. Reminiscing with the former presidents was fun; we all only remember the beautiful. Not only were the former presidents smiling, but the students and fellows were having a good time also. That’s what makes SGIM unique; we’re all soul mates.

We heard Bill Tierney talk about Hope’s patient—who eventually died.
Elnora M. Rhodes Service Award Established

William M. Tierney, MD

At this year's SGIM national meeting, I announced that former officers and Council members had contributed almost $20,000 to establish an award in honor of SGIM's retiring Executive Director, Elnora M. Rhodes. The award, named the Elnora M. Rhodes SGIM Service Award, will be given yearly by the current Council to a member who has performed extraordinary service to SGIM. The award is meant to honor SGIM members who may not be prominent researchers or educators but whose selfless dedication to and work for SGIM has been outstanding. During the dinner banquet at this year's national meeting, I reported that the Council had voted to give the inaugural award to Elnora Rhodes.

The award will consist of (1) the recipient's name on a permanent plaque that will be prominently displayed at SGIM's national office, (2) an individual plaque that reads, "Given in recognition of outstanding service to promote improved patient care, teaching, and research in primary care and general internal medicine," and (3) a $1000 cash prize in addition to funds for travel to and registration for the national meeting where it is presented. This award will be on par with the other two major awards that SGIM bestows at its national meeting: the Robert J. Glaser Award, for outstanding contributions to research, education, or both in the realm of generalism in medicine, and the Mack Lipkin Sr. Award, given for outstanding scientific presentations at the Annual Meeting.

Elnora was overwhelmed at being honored with a named award and at the generosity of the former officers and Council members who had contributed to it. However, it was small recompense for the years of dedication that Elnora had given to the Society. She gave SGIM its soul. She gave us direction, purpose, and stability at a time when we were small, on shaky financial grounds, and with no strategic plan.

The award needs an additional $15,000 to $20,000 to be fully endowed. Once fully endowed, the interest on the principal will permanently sustain the cost of the award. If any SGIM members would like to contribute to the award and thereby honor the 10 years of dedication and leadership that Elnora gave to SGIM during her decade at our helm, they can do so by sending a check to Christine Morant, SGIM's financial manager. Checks should be made out to "SGIM - Rhodes Award." SGIM

CALL FOR RESEARCH PROBLEMS

Proposals for Methodologic Think Tank

This announcement is a call for research problems that are difficult to address with current methodologies. Experienced investigators are encouraged to submit a research problem for consideration for the next Methodologic Think Tank during the Primary Care Research Methods and Statistics Conference in San Antonio, Texas, December 5–7, 1997.

Since December 1994, the Methodologic Think Tank has met annually to assist in the development of new methodologic approaches to the study of complex primary care research areas. The Think Tank consists of one content expert (the applicant) and four methodologic experts. During the conference, these experts review the proposed study research problem and brainstorm in order to develop a methodologic approach. We will help identify methodologic consultants and will pay their way to the meeting.

The submission should be no more than one page in length and should include a specific research question to be addressed as well as a summary of the methodologic problem it poses. The deadline for submission is July 31, 1997, and proposals should be submitted to: David A. Katerndahl, MD, Department of Family Practice, University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, TX 78284-7795. Telephone (210) 358-3885.

CORRECTION

In the May Forum, authorship for the article "VA Performance Agreements: Changing VA Performance" was inadvertently credited to David Lee, MD. The author of the piece was Nancy Wilson, MD, MPH. The Forum would like to apologize for this error.
On the Other Side of the Want Ads: Searching for a New Executive Director for SGIM

Nicole Lurie, MD, MSPH

Wanted: 20 y o single fun-loving med prof society seeks attractive mate to serve as exec dir: organized, efficient, creative, warm, shared values, n/s pref. kids/pets ok

A single ad in the Washington Post on a single day yielded nearly 300 applicants. After an initial screening process, to identify those with the attributes required by the lengthy and detailed job description, cut the applicant pool roughly in half, a selection committee reviewed all the resumes and identified the 20 or so individuals that might be the best candidates. We started with quantitative methods. True to form, we devised a rating system and ranked each candidate. Bill Tierney even modified his old abstract selection software for the purpose. We examined data on the distributions of our ratings, the inter- and intra-rater reliability and our kappa statistics, which indicated a level of agreement beyond chance. (I can only say that my own measures of consistency were not high. There were loads of great applicants, and my rankings were rather unstable). Then we decided it was time for the qualitative methods, and subgroups of the committee interviewed the top six applicants and re-interviewed the top three.

Not only did we meet some incredibly talented people, but an unexpected bonus was the feedback we got about ourselves as a Society—how others see SGIM. The applicants received a copy of the History of SGIM (JGIM Supplement), the bylaws, and mission statement. May any found our Web page and read more about us: our strategic plan, goals and objectives, as well as our regions and annual meeting, the Forum, etc. Their observations about us were fascinating, gratifying, and oftentimes perceptive. They saw us as:

- "an organization with a strongly felt..."
1997 SGIM Annual Meeting...

Past presidents of SGIM gather with Elnora Rhodes at the 20th Annual Meeting.

The Council conducts its business meeting the evening before the precourses begin. (above, below)

Precourses feature an increasingly diverse range of topics, including:

A. Minority Health.

B. Political advocacy. (above, left & right)

C. Professionalism in medicine.

D. Clinical prediction models.
1996–97 President Bill Tierney pauses momentarily to reflect during his address to the Society.

AAMC President Jordan Cohen delivers the Malcolm Peterson Lecture on Friday evening.

The singing group Forever Plaid entertains the audience with its unique harmonic style.

Poster sessions allow for more personal interaction between presenters and attendees.

Carolyn Clancy and Neil Powe introduce presenters at the Plenary Abstracts Session.

Clinical Vignettes provide an additional format for presenters at the 1997 meeting.
Editor's Note: The following pair of articles by Drs. Poses and Tierney helps to frame the discussion about the mission of SGIM. We hope the articles stimulate your response in the form of editorials or letters to the editor to be published in the Forum.

William Tierney's recent President's Column questioned the academic focus of the Society for General Internal Medicine. He proposed that the organization needs to better serve clinicians who are non- or "hypo-academic." He basis his arguments on several letters written in response to the recently proposed (and then withdrawn) changes in the mission statement. The writers were physicians who apparently joined SGIM believing it would represent them better than the American College of Physicians. One was apparently written by a practicing clinician who does not teach or do research. Both took issue with the academic focus of organization, which they felt was not fairly advertised by its name.

The change Tierney seems to suggest is major, because SGIM has been primarily an academic organization for a long time. It was founded as "SREPCIM," the Society for Research and Education in Primary Care Internal Medicine. SREPCIM was clearly a society for researchers and educators, thus academic general internists, although the word "academic" was never in its title. The retitled SGIM remains the only organization for academic internists, that is, by my definition, general internists who are interested in teaching, research, academic administration, and health-related policy issues.

Misunderstandings may arise due to differing definitions of "academic" in this context. I used a broad definition of this term, but to others it may have narrower connotations. In traditional academic medical centers, the majority of "academic physicians" are specialists who spend most of their time doing biomedical research and narrowly-focused teaching, e.g., the endocrinologist who predominantly does biomedical research, stopping only now and then to teach fellows and a few rotating house staff and medical students on consult rounds. By analogy, some may regard academic general internists as people who primarily do esoteric research and only occasionally teach and see patients in academic medical centers. Wendy Levinson noted, many think of SGIM as an organization of "researchers with little relevance to their teaching or clinical activities."

In reality I think academic general internists are a much more varied bunch. Their research interests are usually centered on patients, health care providers, and the health care system. They may teach in various settings, from intensive care units to rural practices. Nearly all try to balance on at least two of the traditional three legs of the academic stool—teaching, research, and clinical practice—but may also have administrative and policy responsibilities. A unique strength of SGIM is that it includes many people who can bridge the traditional boundaries between research, teaching, patient care, administration, and policy.

So the physicians who wrote to Tierney may have been mistaken about SGIM’s breadth. Our idea of “academic” general internal medicine is a big tent. That is why we have a clinician-educator initiative and devote a considerable amount of time at our national meeting to clinical topics.

So what changes could we make to better serve clinicians, including practicing general internists who have no academic interests even when “academic” is broadly defined? Perhaps we do not need to make any. SGIM is already an organization centered on clinical medicine. Maybe we just need to get the message out more effectively.

Another alternative would be for SGIM to address non-clinical issues that come up in internists’ day-to-day practices, the kinds of issues often reported in the ACP Observer. Examples include practice management, obtaining favorable malpractice rates, retirement planning, dealing with insurers and managed care organizations to improve reimbursement for specific services, etc. I suggest that we would take this responsibility at our own peril. Such a change would blur the Society’s focus. It plays to our weaknesses, not our strengths.

Is there a third alternative? Perhaps instead of trying to be all things to all clinicians, we should redouble our efforts to do what we do well. We researchers, educators, administrators, and policy makers in SGIM may think we are clinically centered, but perhaps we have drifted away from the clinical issues that are most important to practicing generalists. As researchers and teachers we need to concentrate on important clinical topics, think about how we can best make unique contributions to clinical care and better translate our work to make it relevant to the clinician. We need to always keep in mind our main goal: “to promote improved patient care.” We need to focus on what we do best, and try to do it better.

Dr. Poses is Director of Research, Division of General Internal Medicine, at the Memorial Hospital of Rhode Island and the Brown University School of Medicine.

References
Inclusive or Exclusive? SGIM Must Continue to Define Itself and Its Mission

William M. Tiemey, MD

For those who do not regularly read the SGIM Forum, let me recap the “controversy” that has led to these companion articles in this month’s issue. In the September 1996 Forum, I summarized the SGIM Council’s deliberations at its June retreat. One of these issues was SGIM’s Mission Statement. Carefully and painstakingly, under the guidance of Penny Williamson as our facilitator, the Council redefined what we felt was SGIM’s current mission. Purposefully, we focused on academic general internal medicine, specifically not wanting to compete with the ACP to represent the broad population of U.S. general internists.

This article was immediately met with several letters of strong dissent that led us to believe that there were others “out there” with similar feelings. One letter I received was from an academic internist who apparently did little or no teaching or research. Another was from an academic clinician-educator. And a third was from a former SGIM president with an impressive research portfolio who is currently a hospital medical director. All were unanimous in their dislike of our “new” direction. One wondered why we didn’t call ourselves SAGIM (Society of Academic General Internal Medicine). The researcher and former president thought that our original Mission Statement (included in our bylaws) was succinct and in no need of changing: “The Society is incorporated exclusively for charitable, educational, and scientific purposes specifically to promote improved patient care, teaching, and research in primary care and general internal medicine.” Subsequent to receiving these letters, the Council revisited the Mission Statement during one of its monthly conference calls, and we agreed that there was probably no reason to change it. I reported this reaffirmation in my President’s Column of March, 1997.

I was unprepared for, and frankly troubled by, the response to the Forum article describing this reaffirmation of our mission. I heard from a number of folks (mostly close friends within the cadre of SGIM researchers) that “SGIM has turned away from research.” Some pointed to the previous year’s Clinician-Educator Initiative and even to the decline in abstracts presented at this year’s annual meeting as evidence of this “new direction” taken by the Council. Time and again, I was asked, “Is it true?”

Before answering that question, bear with me as I recap a bit of SGIM’s history, because I believe that our current status, and indeed the discussion, stem from the inevitable evolution of our young society in the current academic and non-academic medical cultural milieu. SGIM’s (born SREPCIM) original focus was clearly on research. It was performed predominantly by Robert Wood Johnson Clinical Scholars who have made remarkable contributions to health services research. The fact that SREPCIM tackled its annual meeting onto the Triple Societies meeting was proof of this orientation. But despite this strong research focus, we couldn’t escape the truth that academic general internists were (and are) a strange breed, aspiring to the mythical “triple threat” of research, teaching, and clinical practice. But that was only part of our mystique. We wanted to continually do each one better. Hence, one began seeing an increasing number of workshops, and then precourses (thanks to their originator, Bob Center, who chaired the 1988 national meeting) on themes of teaching and clinical care.

So my answer is: of course it’s not true that SGIM has forsaken its researchers. Research is the career focus of most of the officers and Council members, and has been neither supplanted nor eclipsed by teaching or clinical emphases. Using the metaphor of Roy Poses’ in the accompanying article in this issue of the Forum, the other two legs of the academic stool simply grew into their own. Researchers may perhaps wax nostalgic for the good ol’ days when research dominated the Society and its annual meetings, but those simple (and limited) days are gone. SGIM has almost 3,000 members and is a player on the national health care scene because of its clinical, educational, and investigational leadership. We are the right organization (young and energetic) with the right expertise (primary care, ambulatory education, and health services research) at the right time (now, when U.S. health care is being rapidly reshaped).

When Roy told me that he had completed the piece he wrote, he said that although he began it as a rebuttal to my March President’s Column, he thought that we were closer together in our thinking than either of us originally thought. I agree. I also agree that SGIM’s home, now and always, will be in academic divisions of general internal medicine. But as these evolve in our rapidly changing medical environment, SGIM will have to evolve as well if it is to adequately serve such divisions. Look at my own division. We now have approximately 85 full-time academic general internists who practice, teach, and perform research in 20 health centers and 3 hospitals. And yet many, perhaps the majority, do no research and little or no teaching. They are clinicians providing the rest of us with the divisional income, patients, and resources to support our academic mission. Moreover, two-thirds of my division members do not belong to SGIM, practically none among the non-researchers and non-educators. Although they may techni-
Workshops are a perennial favorite of members at the national meeting.

Workshops at the 1997 national meeting included those covering:

- Skin biopsy techniques (above).
- Planning for a sabbatical (below).
- How to write succinctly.

Interest groups offer interaction for persons wishing to discuss topics such as:

- Social responsibility.
- Women’s issues.
A distinguished panel of former SGIM presidents assembles to discuss:

Medical student educational and generalism; and

Generalist resident and fellow education.

The business meeting followed the noon meal on Saturday.

Albert Wu announces the winners of the Lawrence S. Linn Award.

Treasurer Seth Landefeld presents the financial status of the Society.

Bill Branch acknowledges his receipt of the Clinician-Educator Award for Career Achievement.

Membership Committee chair Jim Byrd reviews the remarkable rise in the number of members of SGIM.

President-Elect Stephan Fihn (right) introduces Glaser Award recipient Sheldon Greenfield.
mission and values;”
- “one that has been enormously successful, as evidenced by its impressive rate of growth and involvement of members;”
- “a society that is futuristic, and represents where academic medicine needs to go, a true leader;”
- “not just another trade organization, but a society with a greater purpose;”
- “organized and well run—as evidenced by bylaws and a strategic plan.”

They also recognized some of the challenges we are facing:
- “A volunteer society with a very energetic and participatory membership needs to be organized to support the work and energy of its members. One risk is that if you have a way of doing things in place and it works well—evidenced by your tremendous growth in membership and stature—but once that happens, the capacity of the system to support its members will no longer work optimally and will need to change.”
- “A vibrant volunteer society also leads to lots of energy and activity, which while extremely valuable and satisfying, makes getting to a coordinated whole that can actually move forward sometimes difficult.”
- “A successful organization like this, about this age and stage of growth, risks becoming stagnant and losing effectiveness unless it very deliberately tries to push itself.”
- “Given the growth and the strong commitment to the mission, it may be time for rethinking some of the strategic planning—to try to get the organization to a new level of effectiveness to support the missions of its members.”

The interviews provided not only a mirror on who we are, but a great set of consults for us, coming both from other generalists as well as specialists. In each one, I thought about how far we’ve come, and the incredible foundation that Elnora has helped us build upon. Then I remembered that we are not looking for a replacement for Elnora, because that is an impossible task, but a successor, someone who can help us continue to build, so we can keep growing and remain a vibrant, dynamic organization that can support education and research in primary care well into the 21st century.

I am most excited about our selection of David Karlson as our next Executive Director. David comes from both a background of higher education and professional association management. His references describe him as “highly organized, high energy, warm and highly personable, and a strategic thinker.” He shares our commitments to education and research and to improved patient care. He is already spinning with ideas that will challenge us to consider who we are, where we want to go, and ways to help us get there.

Many thanks go to the search committee for the Executive Director: Steve Fihn, Kurt Kroenke, Seth Landefeld, Eric Larson, Wendy Levinson, Mack Lipkin, Lisa Rubenstein, Bill Tierney, and Barbara Turner, who met tight deadlines, had great reliability, and did a wonderful job mixing the quantitative and qualitative methods.

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**ANNOUNCEMENT**

**American Board of Internal Medicine**

1998 ABIM Certification Examination in Internal Medicine

| Registration Period: | September 1, 1997–December 1, 1997 |
| Examination Dates: | August 25–26, 1998 |

ABIM Recertification Examinations in Internal Medicine, its Subspecialties, and Added Qualifications

| Registration Period: | Ongoing and continuous since July 1, 1995 |
| Final Examination Dates: | November 19, 1997 and November 4, 1998 |

The Board's new comprehensive Recertification Program consists of an at-home, open-book Self-Evaluation Process (SEP) and a proctored Final Examination which will be administered annually in November. In order to be eligible to apply for the November Final Examination, Diplomates must return all their required at-home open-book SEP Modules to the Board office by August 1 and must submit their Recertification Final Examination application by September 1 of the year of examination. For more information and application forms, please contact:

**Registration Section - American Board of Internal Medicine**

510 Walnut Street, Suite 1700
Philadelphia, Pennsylvania 19106-3699
Telephone: (800) 441-2246 or (215) 446-3500
Fax: (215) 446-3590 E-mail: request@abim.org
Inclusive or Exclusive?

Continued from Page 7

ally be true academic physicians, they may feel uncomfortable with that moniker. By focusing on that term, I worried that the Council may have alienated perhaps the largest, if not the least vocal, members of our divisions.

SGIM has grown up in the past 20 years from a small society of health services researchers meeting one day a year in the Shoreham Hotel into a vibrant, multifaceted organization that reflects and supports the various roles of its members. As Roy suggests, SGIM must find a way to maintain its identity while trying to expand its reach to support its members. Can this be achieved? Of course it can. Anyone who attended this year’s national meeting could not help but find prime educational opportunities in one’s area of interest. Our “problem” is that we all have too many interests, hence the frustration that the meeting is too short, or that its planners try to pack too much in the time allotted. Focus and breadth: these two goals are the yin and yang of SGIM and are not incompatible, but each is capable of crippling the other if we don’t take care. We must find a way to be inclusive of the major foci of our members and offer them the means to develop their varied careers. Our variety is our strength; we must build on it. This will be an ongoing struggle, and discussions such as these are healthy and necessary. SGIM

Joys of the Meeting

Continued from Page 1

When I joined SGIM, just the opposite happened— I came alive and thrived. My 10 years have been years of joy. We got moving and haven’t stopped, we became friends, we got ourselves into grants and contracts, we took the budget from the red to the black, we sang, we danced, we worked hard and we smiled all the way.

The engineer fades into the background, but you’ve got to keep on moving.

My heartfelt thanks to all of you who supported me throughout the years. I deeply appreciate the many gifts, and the scroll hangs on my wall to remind me of my many friends. This is bitter-sweet for me. I will always wish you well. You are my family; you are my friends. SGIM

Classified Ads

Positions Available and Announcements are $50 for SGIM members and $100 for non-members. Checks must accompany all ads. Send your ad, along with the name of the SGIM member sponsoring it, to SGIM Forum, Administrative Office, 700 Thirteenth Street, NW, Suite 250, Washington, DC 20005. Ads of more than 50 words will be edited. Unless otherwise indicated, it is assumed that all ads are placed by equal opportunity employers, and that Board-certified internists are being recruited.

CLINICIAN EDUCATOR POSITION. Expanding ambulatory service at university affiliated community hospital seeks clinician-educator. Responsibilities include precepting housestaff and students in outpatient continuity practice, contributions to didactic program development, administrative functions, and rotation on inpatient service team. Potential to supplement salary with private practice opportunity in new office facility. Send cover letter and CV to Donna Astiz, M.D., Director, Ambulatory Internal Medicine, Morristown Memorial Hospital, 100 Madison Ave., Morristown, NJ 07962.

DIRECTOR, PRIMARY CARE FELLOWSHIP. The University of Kansas School of Medicine seeks director for new primary care fellowship program. The position includes protected time for research. Contact: David R. Calkins, M.D., MPP, Associate Dean for Primary Care, University of Kansas School of Medicine, 3901 Rainbow Boulevard, Kansas City, KS 66160-7830.

ASSOCIATE PROGRAM DIRECTOR. The Department of Medicine of the Medical College of Georgia is seeking an Associate Program Director for Ambulatory Education for the Internal Medicine Residency Program. This position would have the responsibility for development, implementation, and evaluation of ambulatory medicine education for housestaff. This position would include time spent in direct patient care, precepting residents and time for research related to resident education or outpatient care delivery. Candidates should have prior experience and/or training in ambulatory medicine education for housestaff. This position would have an appointment in the Section of General Internal Medicine at either an Assistant or Associate Professor level, depending upon experience. If interested, please forward a CV to Dr. John A. Hardin, Chairman, Department of Medicine, 1120 15th Street, Biw-540, Augusta, GA 30912. 4745.

ACADEMIC GENERAL INTERNIST. The Department of Medicine, UT M emphis, is seeking an academic general internist for its division of general internal medicine. This full-time clinician-educator faculty position includes providing and supervising patient care in the ambulatory and hospital setting, education of housestaff, and opportunity for research. Candidates must have M.D. degree, be BE/BC in internal medicine, and be eligible for Tennessee licensure. Academic rank and salary will be commensurate with qualifications. Applicants are invited to submit a CV and letter of reference to: Dennis R. Schaberg, M.D., Professor and Chairman, Department of Medicine, 956 Court Avenue, Memphis, TN 38163. The University of Tennessee is an EO/AA/Title VI/Title IX/Section 504/ADA employer.

ACADEMIC CALENDAR

Annual Meeting Dates

21st Annual Meeting
April 23–25, 1998
Sheraton Chicago Hotel and Towers
Chicago, IL

22nd Annual Meeting
April 29–May 1, 1999
Hyatt Regency Hotel
San Francisco, CA

23rd Annual Meeting
May 4–6, 2000
Sheraton Boston Hotel and Towers
Boston, MA

24th Annual Meeting
May 3–5, 2001
Sheraton San Diego Hotel and Marina
San Diego, CA